neum, or the vertex beneath the arch of the pubis, might appear first. The author thought, from a consideration of the foregoing cases of Smellie, Braun, and his own, in all of which the children were born alive, that provided the chin could not be brought anteriorly, then the head should be brought down in the most practicable mode, chin or occiput first, and not necessarily with the occiput first, as recommended by Smellie.

The President, Dr. BARNES, signalized the value of this memoir as tending to give precision to, and extend our knowledge of, labour with face presentation. His own experience had proved to him that such labours were not so uniformly favourable as was commonly taught. Difficulty might occur at two stages: 1. At the brim; in this case he deprecated the forceps and craniotomy, and recommended turning as giving the child the best chance. 2. In the pelvis; difficulty might arise here in the way indicated in the paper—viz., from the head retaining the position in which it entered the cavity. The proper rotation depended upon a due relation between the head of a live child, or one recently dead, and the pelvis. In Dr. Hicks's case the child was alive; it was, therefore, probable that the pelvis was large in proportion. In such a case he should not despair of turning if art or nature failed to rotate the chin. In cases of due relation of pelvis and child, birth with the chin posteriorly was almost impossible; for in proportion as the face descended, there was a rapidly widening base of a wedge. formed by the occiput bent back upon the child's trunk, which could not pass the pelvis.—*Med. Times and Gaz.*, May 20, 1865.

---

48. *Entrance of Air into the Uterine Veins.*—Dr. OLSHAUSEN relates a fatal case of entry of air into the uterine veins. A secundipara of robust frame, aged twenty-nine, was at term. The uterus was unusually distended; no albumen in urine. Labour lingering; uterine douche used. The water was of 30° Réaumur; it was forced into the vagina by a pump, gently. A third injection was made by a midwife. After eight minutes' use the patient began to complain of oppression. The tube was withdrawn. The patient rose in bed, immediately fell back senseless, and died in a minute at most, under convulsive respiratory movements and distortions of the face. Eight minutes later bleeding by the median vein was tried, but only a few drops flowed. On touching the body, distinct and widely-spread crepitation was felt.

Autopsy, eight hours after death.—A large quantity of dark fluid blood escaped from the sinuses of the dura mater. The cerebral membranes very hyperæmic; brain normal; lungs somewhat congested; heart lying transversely, apex in fourth intercostal space. Left ventricle in firm contraction; right quite soft, something like an intestine with thick walls; the coronary vessels contained a quantity of air-bubbles. Left heart had scarcely any blood; the right held little, but it was frothy. *Abdomen:* The distended uterus crepitated everywhere on pressure under the hand. A number of vessels of medium calibre immediately under the peritoneum were plainly filled with air. The right broad ligament was strongly distended with air-bubbles; and this emphysema of cellular tissue extended from the broad ligament through the retro-peritoneal space to the inner side of the right kidney, and even below the liver to the vena cava ascendens. *The vena cava ascendens was enormously distended*—it was at least an inch in diameter. The distension was mainly owing to air. The uterus was divided in the median line. A placenta was attached to the anterior wall; a small flap to the right was detached from the uterus. Another placenta was attached behind and to the right. A larger portion of this had been separated, so that there was a sort of pouch between it and the uterine wall. The two ova were uninjured. Death was caused by forcing air into the vessels of the placental-site. It was concluded that the tube had been passed into the uterine cavity, and that air had been sucked up with the water by the pump.—*Brit. and For. Medico-Chir. Review*, April, 1865, from *Monatsschr. f. Geburtsk.*, January, 1865.

---

49. *Continuance of Life of the Fœtus after the Mother's Death.*—Prof. BRESLAU has attempted to solve the question, How long can the fœtus live after the mother's death? by means of experiments on the lower animals. He details and tabulates twenty experiments, the greater number being performed upon

Guinea-pigs. The following conclusions are drawn: 1. The life of the fœtus always endures with a certain independence after the mother's death. 2. The life of the fœtus in the dead mother is very quickly in great danger, which reveals itself in strong convulsive movements. 3. "Apparent death," into which the fœtus commonly falls in the first minute after the mother's death, may be continued in the uterus in extreme cases as long as eight minutes; but mostly death occurs much earlier. 4. The fœtuses removed "apparently dead," from the body of the dead, are nearer to death than to life, for they do not recover by themselves, but quickly, almost without exception, perish. 5. Only seldom, and in the most favourable case, will the young be removed alive within five minutes after the mother's death. Even in the third minute the probability of extracting a live fœtus is very small. 6. If we operate later than five minutes, we cannot extract a living fœtus; if we operate later than eight minutes after the mother's death, not even an "apparently dead" fœtus can be extracted; the young are by that time dead. 7. The mode of death of the mother seems not to be without influence upon the life and death of the fœtus. Death by asphyxia is unfavourable to the fœtus; death by hemorrhage more favourable, so also death by chloroform, and by paralysis of the nerve-centres. 8. It appears to be of consequence for the persistence of life whether the fœtus be mature or immature, but the experiments could not determine this matter. With regard to the applications to the human fœtus and to practical obstetrics, Dr. Breslau submits that: 1. There is no doubt that the human fœtus, like the brute, always survives its mother when the mode of death is rapid and violent, as from bleeding, blows on the head, apoplexy, etc. 2. Daily experience shows that the power of resistance of the human fœtus is greater than that of the brute. 3. The duty of every physician is, after the ascertained death of the mother, to perform the Cæsarean section as quickly as possible, in order to save the child's life. The Cæsarean section may, however, be avoided when the previous death of the fœtus is certain, or when the fœtus may more readily be delivered by the natural passages. 4. The Cæsarean section will give no prospect of a living or of an "apparently dead" child, if not performed within the first fifteen or twenty minutes after the mother's death. 5. If the mother have died from disease, as from cholera, typhus, puerperal fever either during pregnancy or labour, scarlatina, smallpox, etc., there is no hope of saving the child's life. The same will be the case in those poisonings of the mother which effect a rapid decomposition of the blood, and which affect the child, as by hydrocyanic acid. Chloroform-death appears to be an exception, since chloroform, as such, does not pass into the fœtal circulation, of which one may be convinced by any labour completed under chloroform-narcosis. In the discussion upon the memoir in the Berlin Obstetrical Society, Professor Martin observed that in none of the four cases in which he had performed Cæsarean section after the mother's death was a living child extracted. In one the operation was completed within ten minutes; in one it was done "very soon;" in the remaining two it was done within half an hour. Dr. Boehr referred to a collection in *Caspar's Wochenschrift*, in which out of 147 cases only three instances of living children occurred. —*Brit. and Foreign Medico-Chir. Review*, Jan. 1865.

---

50. *Action of Ergot of Rye on the Fœtus.*—Dr. M'Clintock read an interesting paper on this subject before the Dublin Obstetrical Society. He maintains that the administration of ergot in the second stage of labour is very apt to be followed by injurious and even fatal effects to the fœtus, and this he ascribes to the violent uterine contractions which the article excites, and which produces an injurious mechanical action on the fœtus.

Dr. M. C. says, 1st, as a general rule, "the danger to the child of giving ergot is exactly in proportion to the energy of the uterine contractions; 2d, where but little uterine action is excited by the ergot it does not seem to exercise a noxious influence on the fœtus; 3d, the evidence that ergot is acting injuriously on the child is derived from the cardiac signs, which become reduced in strength and frequency; 4th, the immediate effect of uterine contraction on the fœtal pulse is to produce a temporary diminution of its force and rapidity; 5th, in the few cases I have seen where violent and continued uterine action took place